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YOUR HEALTH

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Robotic tool eases weight loss surgery for local patients

Unlike science fiction movies that are filled with scenes of gigantic robot arms piercing human flesh for some sinister purpose, the surgical team at a hospital in Margate is using a robot system to increase the ease of patient care by adding one procedure at a time.

Surgeons at Northwest Medical Center in Margate began last month using the da Vinci Surgical System to perform sleeve gastrectomies, cutting down significantly on recovery time and the potential for infection and problems mostly unrelated to the surgery itself.

Dr. Paul Wizman, a bar-

iatric surgeon and medical director of the bariatric program at the hospital, said the robot is a significant step forward in medicine because the da Vinci System is the closest to having actual hands inside of a human body.

Sleeve gastrectomies, unlike total gastric bypass or Lap-Band surgery, involve actually altering the body by removing about two-thirds of the stomach, cutting it from the size of a football to the size of a banana, said Teresa McDill, a Nova Southeastern medical student apprenticing with Wizman.

"The surgery was previously complicated by

things totally unrelated to the cut," Wizman said. "Just opening a patient created the potential for infection, blood loss and other issues. [The] da Vinci [System] eliminates most of that."

Once a patient has gone through the approximately six-month psychological preparation for the life changes, which McDill said is what the gastrectomy does from thinking about to food to actually eating, the two-hour surgery previously required a lot of work just to get to the stomach.

On your average patient who is 100 pounds overweight, Wizman said

a surgeon must cut through as much as four inches of fat before reaching the organs involved in the operation. That opening and closing is a challenge unto itself and the source of complications are totally unrelated to the procedure.

In the operating room, the da Vinci robot is put in place and five surgical arms are set up so that tubes can be inserted into the patient on the operating table, according to Sandy Arioli, a registered nurse at the hospital. Instruments are then inserted through these tubes, and material is also removed through them,

during the actual surgery.

The process is similar for any surgery the robot is used for, said Wizman, who has been operating laparoscopically – by inserting a tiny camera and tiny tools through tubes into a patient – for more than 15 years.

He said the big difference between using the robot and laparoscopic surgery is that where the latter is like inserting sticks into a person, offering limited capabilities, the robot has a full range of motion similar to the human hand.

Right now, doctors at the hospital are experimenting with ways to reduce the number of holes

needed for the surgeries, he said, down to one – or possibly none, if ways to do procedures through existing bodily orifices are discovered.

"It's a massive leap to do surgery like this," Wizman said. "It's never Friday afternoon with the robot, because it doesn't get tired, and it equalizes all technical skills. It's really a good tool."

Have you had experience with weight loss surgery? Have you and your physician discusses this new tool? Tell us about it. E-mail sfeller@tribune.com, or call 954-574-5392.

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